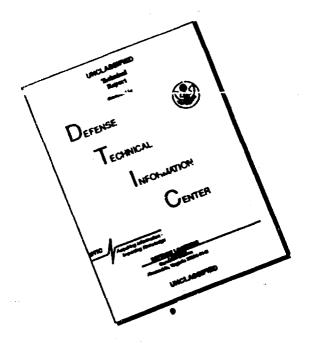
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### A Genus Specific Complement Fixation Antigen from Neisceria meningitidis\* (33221)

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The serological diagnosis of meningococcal meningitis has been studied by a number of workers during the past 60 years using the precipitin test (1), bactericidal and agglutination test (2), and opsonin test (3). Additional epidemiological information on meningococcal meningitis has been obtained by fermentation and agglutination reactions of isolates from the patient and his contacts (4). The complement fixation (CF) test has seldom been used for the diagnosis of meningococcal meningitis. Cruickshank (5) was one of the first to use the CF test for the diagnosis of meningococcal disease. Ross and Stevenson (6) assessed

the use of the CF test in diagnosing meningococcal 'aseptic' meningitis. Recently, the cell wall has been used as a CF antigen by

\*This study was done in connection with Research Project No. M 4305.01-1001, Bureau of Medicine and Surgery, Navy Department, Washington, D. C. The opinions and assertions contained herein are those of the authors and are not to be construed as official or as reflecting the views of the Navy Department or the Naval Service at large.

The experiments reported herein were conducted according to the principles enunciated in "Guide for Laboratory Facilities and Care" prepared by the Committee on the Guide for Laboratory Animal Resources, National Academy of Sciences—National Research Council.

Sanborn and Vedros (7). The antigens used by these investigators were somewhat groupspecific, but lacked broad group specificity.

This report describes a method for producing a potent CF antigen which was easily produced in large quantities, not anticomplementary, and reacted specifically with antisera to Neisserie species in high titer. Comparison was also made between seroconversions employing this CF antigen and bacterial isolations from recruits at the Naval Training Center, Great Lakes, Illinois.

Materials and Methods. Antigen preparation, Neisseria meningitidis groups A (CL-4),1 B (16B6),1 C(PTS-5),1 and strains Bo1 (8,9), 29E,2 B (Scarborough),2 135,2 and Z<sup>2</sup> (10) were used in preparing the CF antigens. One ml of each group of an 8-hour culture grown in Mueller-Hinton broth (Difco) was inoculated separately into 250 ml of Mueller-Hinton broth, incubated for 18 hours at 37°C in a Psycrotherm Incubator-Shaker<sup>4</sup> (170-200 rotations a minute) in normal atmosphere (11). The cultures were then killed with a final concentration of 1% beta propiolactone overnight at 6°C. The supernatant fluid recovered after centrifugation (600g) was saturated with ammonium sulfate crystals (510 gm/liter) and allowed to set overnight at 6°C with an occasional shaking. The sediment from each 250 ml of original culture was collected after centrifugation (1000g) and resuspended in 40 ml of 0.15 M NaCl (saline). This crude material was dialyzed against excess amounts of saline until free of ammonium sulfate (24-48 hours). This material was the CF antigen. Further centrifugation reduced turbidity, but a 4-fold loss in potency occurred. The turbidity of the crude antigen did not interfere with determining the CF end points. Therefore, the crude antigen was used for the data presented in this report. Tests for antigen

anticomplementariness and potency were performed by standard procedures (12) adapted to the microtechnique (13). Two exact units of complement were used. The primary incubation was for 18 hours at 6°C.

Recruit sera. Blood was collected from recruits upon entering recruit training, at 5 weeks and at 9 weeks of training. Also, recruits who were admitted to the Naval Hospital, Great Lakes with the clinical diagnosis of meningitis were bled upon admission and at approximately weekly intervals for at least 4 weeks. Nasopharyngeal and spinal fluid cultures for N. meningitidis were also --cruit upon admission to the made on er ra were separated from hospital. clotted blow l stored at -20°C until tested.

Hyperimmune rabbit serum. Hyperimmune, group-specific antisera were obtained from Difco N. meningitidis group A Lot No. 499231, group B Lot No. 512116 and group C Lot No. 511599. Hyperimmune rabbit sera for N. meningitidis strains Bo, 135, 29E, and Z were made in this laboratory using the following procedure: the meningococci were grown in Mueller-Hinton broth as described for making CF antigen. The cells were harvested after 6-hours incubation, washed once in saline, and resuspended in 0.5% formaldehyde in saline. New Zealand white rabbits were inoculated intraperitoneally (i.p.) with 1 ml (10<sup>8</sup> organisms) Monday, Wednesday, and Friday of the first week; at similar intervals with 10° organisms during the second and third weeks; permitted to rest one week; then inoculated with 1 ml of 10° viable organisms intravenously (i.v.) each week until the rabbits developed a satisfactory antiserum for the slide bacterial agglutination test. Rarely were more than 2 i.v. injections required before a high titered antiserum was obtained. Hyperimmune N. gonorrhoese rabbit serum was supplied by William Peacock, Jr., Veneral Disease Research Laboratory, CDC. Hyperimmune Hemophilus influenzae and Diplococcus pneumoniae antisera were Lot Nos. 496278 and 497496, respectively, from Difco. Sera from patients with Salmonella typhi disease were supplied by Miss Jean Koehler, State

Stock cultures obtained from N. Verdos, LT MSC USN, NAMRU-1, Oakland, California.

<sup>&</sup>lt;sup>2</sup> Strains supplied by Dr. M. Artenstein, WRAIR, Washington, D. C.

Strain isolated from spinal fluid supplied by one of the authors (LFD).

<sup>&</sup>lt;sup>4</sup> New Brunswick Scientific Company, New Brunswick, New Jersey.

#### N. meningitidis Complement Fixation Antigen

TABLE I. Complement Fixation Titers\* of Various Hyperimmune Rabbit N. moningitidis
Antisera Using Antigen Prepared from Different N. meningitidis Groups and Strains.

		CF antigen prepared from N. meningitidis groups and strains (4 antigen units/unit volume)								
Immune serum		A	В	c	Во	29E	135	Z		
N. meningitidis	group A	128	128	128	64	128	64	12		
	group B	128	256	128	256	256	256	25		
	group C	64	64	64	128	64	256	25		
	strain Bo	64	128	64	128	128	256	25		
	strain 29E	128	512	128	128	128	512	25		
	strain Z	64	128	64	64	64	256	25		
	strain 135	64	64	64	64	32	128	25		
N. gonorrhoese		32	64	32	64	64	32	8		
N. oatarrhalis		ND*	16	16	16	32	82	NI		
N. flava		32	16	64	64	64	64	NI		
N. flavescein		32	64	64	32	64	64	NI		
N. sicos		32	16	32	32	16	82	NI		
N. perflava		16	16	64	64	128	64	NI		
N. subflova		ND	32	64	32	32	64	NI		
D. proumoniae		4	<4	4	4	8	<4	4		
H. influensae		<4	4	4	<4	8	4	<		
5. typhi (O=1:2530;	H=1:80)	4	4	8	4	4	4	1		
8. <i>typhi</i> (O=1:640; H	(=1:5120)	4	4	4	4	4	4	•		

The reciprocal of initial dilution of serum showing a 4+ fixation.

Not done.

Laboratory of Hygiene, Madison, Wisconsin. All human and rabbit sera were heated at 56°C just prior to testing.

N. meningitidus isolation. Nasopharyngeal cultures were taken with a bent cotton swab and inoculated immediately on Mueller-Hinton medium (Difco) containing 10 μg/ml of ristocetin (Difco) and 25 units/ml of polymyxin B. Culture media were maintained above 30°C in an insulated box during transport to the laboratory. The inoculum was then streaked with a bacteriological loop for isolation of colonies and incubated for 18-24 hours in 5% CO2 atmosphere at 37°C.5 Organisms from colonies morphologically resembling N. meningitidis were tested by slide agglutination using groups A, B, C, and D rabbit antisera (CDC) and rabbit antisera prepared in this laboratory for the "nontypable" meningococcal strains. All isolates agglutinating as N. meningitidis were confirmed as such by the usual sugar fermentations and oxidase tests.

Results. The genus specificity of the CF antigen is shown in Tables I and II. Antigens were extracted from 3 groups and 4 strains (nontypables) of N. meningitidis. All antigens fixed complement with 7 N. meningitidis antisera and antisera to 7 other species of the Genus Neisseris. All titers were within the limitation of error of the test except 2 which were 1-tube dilution outside the acceptable range of error. The antisera to D. pneumonise, H. influences, S. typhi O and H antigens fixed complement at a titer of 1:8 or less.

The sera from 3 recruits who became carriers of N. meningitidis strain Bo during recruit training were tested for CF antibody with antigens from each of 5 different groups

<sup>&</sup>lt;sup>5</sup> Model 1237 Hotpack Incubator, Hotpack Corp., Philadelphia, Penn.

#### N. meningitidis COMPLEMENT FIXATION ANTICEN

TABLE II. Complement Fixation Titers' of Various Proparations of N. meningitidis CF Antigene Using Homologous and Heterologous Hyperimmune Rabbit N. meningitidis Groups and Strains

		CF antigen prepared from N. meningitidis groups and s								
Hyperimmune sura		<b>A</b>	В	С	Во	29E	135	Z		
I. meningitidis group	Δ	128	128	188	64	64	64	120		
<b>дтоп</b> р	В	138	256	128	256	256	256	250		
(LANE)	Q	64	64	128	128	64	128	128		
strain	Bo	22	128	64	128	64	128	128		
strain	30E	128	512	128	128	512	256	512		
strain	135	64	64	64	64	64	128	250		
ștrai <u>a</u>	2	64	198	64	64	64	256	519		
I. gonorrhoeas		64	256	64	64	512	256	250		

The resiprecal of the highest dilution of antigen showing a 4+ fixation in the presence of 4 CF units of antibody.

or strains of N. meningitidis (Table III). The titer of each serum against each of 5 antigens were essentially identical. Sera from 4 recruits who had clinical meningitis were tested against 6 CF antigens, and showed the same serversponse to each of the antigens (Table IV). These data indicate that by the seventh day post-hospitalization for meningococcal disease, a substantial increase in antibody titer is shown with a peak titer occurring by day 21. Two of these cases were due to N. meningitidis group C, one was due to strain Bo, and one (No 749) had no isolate. Each antigen was made

from a different N. meningitidis group or strain.

The correlation of 4-fold or greater increase in titers to CF antigen with acquisition of N. meningitidis, as determined by isolation, is shown in Table V. The correlation is highly significant (p = <.0001).

Discussion. The appearance of specific antibody during convalescence from meningococcal disease was described by Thomas et al. (2) Studies have shown that the acquisition of meningococcus in the nasopharynx is followed by the development of meningococcal antibody (7, 14, 15). These

TABLE III. Comparison of Complement Fixation Serum Antibody Titers\* of Navy Recruit Carriers of N. meningitidis Strain Bo Using 5 Complement Fixing Antigens.

Study recruit no.			OF	ntigens for	N. moningitidis	groups or str	aine
	Week in training	Sample no.	29E	C	B (Scarborough)	B (16B6)	Во
1053	0.	1	1:4	<1:4	<1:4	<1:4	<1:4
	5	2	1:4	<1:4	<1:4	<1:4 ⋅	1:4
	•	8	1:64	1:32	1:32	1:64	1:64
1000	0	1	<1:4	<1:4	<1:4	<1:4	<1:4
	5	2	1:64	1:82	1:64	1:64	1:81
	•	3	1:32	1:16	1:32	1:32	1:10
1122	0	1	<1:4	<1:4	<1:4	<1:4	<1:4
	5	2	<1:4	<1:4	<1:4	<1:4	₹1:4
	•	3	1:16	1:16	1:32	1:32	1:10

<sup>\*</sup>Sorum titers expressed as the resiprocal of the highest dilution giving a 4+ fixation in the presence of 4 units of children.

#### N. meningitidis Complement Fixation Antigen

TABLE IV. Comparison of Complement Fixation Serum Antibody Titers\* in Navy Recruits with Clinical Meningitis, Using 6 Complement Fixation Antigens.

Patient	Commis and		CF antigens	from N. me	ningitidie gro	ups or strai	16
	Sample post- admission day	A	В	c	29E	185	Во
226	0	<	4	4	4	4	4
	10	128	256	128	256	256	128
	19	256	128	128	128	128	120
	81	64	64	128	64	64	64
521	0	<	<4	<4	<4	4	<
	7	8	16	16	8	8	8
	14	32	64	64	64	64	64
	21	32	64	64	64	82	64
782	0	<	<4	<4	<4	4	<4
	7	32	64	128	64	64	64
	14	32	64	128	64	32	64
	21	32	64	128	32	64	64
749	0	<	<4	<4	<4:**	<4	<4
	7	4	4	4	4	4	4
	14	64	128	128	128	64	64
	21	82	64	64	64	32	64

<sup>\*</sup> Reciprocal of the highest dilution of serum giving a 4+ fixation.

data suggested that more extensive investigation of the meningococcal antibody level of the serum may contribute to the understanding of the epidemiology of meningococcal disease. The CF antigen described in this report seems to possess the sensitivity and the group specificity required of an antigen to be employed in epidemiological studies. This is supported by the results in Tables III and IV. These data indicate that

TABLE V. Comparison of CF N. meningitidis Seroconversions' to Isolations in a Recruit Company in Training from 6 Sept. to 10 Nov. 1967.

	CF seroconversions			
	Positive	Negative		
Isolate	45	10		
No isolate	5	10		

<sup>\*</sup> A 4-fold or greater rise in antibody titer.

antibody to N. meningitidis, whether as a result of carrier status or overt disease, reacts equally with the CF antigen described in this report, regardless of the N. meningitidis group from which the antigen was made. Also, more than 3000 recruit sera have been tested with this antigen and with a battery of 14 bacterial and viral antigens. The serological response to N. meningitidis was independent of responses to viruses and bacteria (15). The latter infections were due to adenovirus types 4 and 7, influenza A and B, rhinovirus, M. pneumoniae and streptococci.

Complement fixation tests with the antigen described can now complement the group-specific indirect hemagglutination (IHA) test (11). This would permit examining large populations for N. meningitidis infection experience without the more complex and laborious support required by meningococcal isolates (15). The CF test would serve as a screening test for incidence of infection and the IHA test would identify those groups that were present.

This approach should assist in answering the questions concerning meningococcal in-

Bacterial sampling was made only at the times of reporting to and graduating from recruit training; 64% of the recruits seroconverted between the fifth and ninth week serum sample, indicating acquisition late in training and perhaps not sufficient time for antibody to be produced before the final serum sample was taken.

#### N. meningitidis Complement Fixation Antigen

fections and disease posed by Thomas et el.

(2). These questions related to (a) what extent, and what time, antibodies are produced fellowing meningococcal infection, (b) by what serological tests such antibodies may most consistently be demonstrated, (c) what correlation, if any, exists between the development of antibodies and such factors as the severity of infection, the rapidity of recovery, or the biological characteristics of the infecting organism, and (d) what levels of antibody are to be found in the blood of carriers and normal individuals in an epidemic area.

Summery. A simple method for preparing an N. meningitidis complement fixing antigen is described. Hyperimmune rabbit N. suingitidis antiserum reacted approximately the same with CF antigens made from several N. meningitidis groups or strains. Recruits known to have become infected with N. meningitidis strain Bo during recruit training show equal serological responses to CF antigens made from different N. meningicidis groups or strains. Further, 4 recruits who were admitted to the hospital with clinical meningitis also seroconverted equally to any 1 of 6 different N. meningitidis CF antigens. Increase in CF titer (4-fold or greater) to N. meningitidis correlated significantly with acquisition of meningococcus in the nasopharynx as determined by bacterial isolations.

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